V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22489

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 830 W. Hunter 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108
(a) State Missouri (b) County Vernon
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 830 W. Hunter 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Louisa Jane Rakestraw
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mar. (Month) 12 (Day) 1853 (Year)

8. AGE: Years 93 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Beeling (City, town, or county) W. Va. 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Isaac Coffman
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Richard Maus
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cemetery
18. (a) Signature of funeral director Allen E Hays
(b) Address Nevada Mo.
19. (a) 6-26-46 (Date received local registrar) (b) Kathryn H. Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1946 hour 9 minute A M.
21. I hereby certify that I attended the deceased from May 15, 1946 to June 9, 1946
that I last saw her alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to Chr myocardial insufficiency
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

107

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature F L Martin (M. D. or other) MD
Address Nevada Date signed 6/22/46

331 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21356

RECEIVED
Di[illegible] Health Officer No. 7,
District [illegible] 5-46-647
Date Filed 6-29-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.